

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9153</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>WILLIAM</b> <b>C</b> <b>DREW</b> P O Box Bldg Room No If any Street <b>31 PARK DR N</b> City <b>YORKVILLE</b> State <b>Illinois</b> ZIP Code + 4 <b>60560-9468</b>	4 Name file number and address of labor organization Name <b>IBEW LOCAL UNION 701</b> Labor Organization File Number <b>009 333</b> P O Box Building and Room Number If any Street <b>28600 BELLA VISTA PARKWAY</b> City <b>WARRENVILLE</b> State <b>Illinois</b> ZIP Code + 4 <b>60555</b>
5 Position in labor organization <b>EXECUTIVE BOARD MEMBER/VICE-PRES</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name, if any P O Box, Bldg Room No If any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income <b>NOTHING</b> 7 b Amount. \$0

Signature

16. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

**08/08/2005**

Date

**630-553-3657**

Telephone Number

Name of Person Filing WILLIAM DREW	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11 a Nature of such dealing</b> <div>NOTHING TO REPORT</div> <b>11 b Approximate dollar value of such dealing</b> <input type="text"/> \$0 <b>12 a Nature of interest held or income received</b> <div>NOTHING TO REPORT</div> <b>12 b Amount</b> <input type="text"/> \$0

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14 a Nature of payment</b> <div>NOTHING TO REPORT</div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment.</b> <input type="text"/> \$0



U S Department of Labor  
Employment Standards Administration  
Office of Labor Management Standards  
200 Constitution Avenue, Room N-5616  
Washington, D C 20210

RE Form LM-30 Filing for 2004

Gentlemen

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Signature William C. Davis

Title EBRD MEMBER / V. PRESIDENT

Date 8-9-05